

LEGISLATIVE BLUE RIBBON COMMISSION ON AUTISM
Task Force on Education and Professional Development

Summary of Major Problems and Gaps

This task force was charged with identifying the major problems and gaps related to the education and treatment of children and youth with autism spectrum disorders (ASD). The focus is on children and youth between the ages of three and 22 for whom local education agencies (LEAs) and regional centers have a shared responsibility for providing services in California. LEAs, primarily school districts, are responsible for providing educational and related services necessary for a free and appropriate public education (FAPE) pursuant to federal and state education laws. Regional centers are responsible for providing treatment and habilitation services and supports to meet the needs and choices of individuals with developmental disabilities under the state Lanterman Developmental Disabilities Act.

The task force identified the following major problems and gaps, which are organized into five main areas that have many crosscutting issues:

1. Lack of best practice guidelines and related training for service providers on effective educational and other interventions

In 1997, the California Department of Developmental Services (DDS) and the California Department of Education (CDE) jointly published *Best Practices for Designing and Delivering Effective Programs for Individuals with Autistic Spectrum Disorders*. In 2002, DDS published *Autistic Spectrum Disorders: Best Practice Guidelines for Screening, Diagnosis, and Assessment*. Anecdotal reports from observers indicate that the existing best practice guidelines are not widely followed and that the lack of best practice guidelines for effective educational and other interventions for ASD is a major gap. Currently, DDS and CDE are collaborating in the development of best practice guidelines for effective educational and behavioral interventions and medical/biomedical/health-related interventions for ASD; the anticipated completion date is December 2007.

Observers report that there is not consistency statewide in how children suspected of being on the autism spectrum are assessed by both LEAs and regional centers for service eligibility and for specific services. Comprehensive diagnostic evaluations are reported to be conducted by some regional centers and their providers, some LEAs, and diagnostic centers operated by CDE. Regional centers and LEAs require different assessments because the systems have different eligibility standards and service requirements. These varying diagnostic and service requirements

can create confusion and conflict between LEAs, regional centers, and parents about children's needs.

Observers also report that there is not consistency statewide in the educational and behavioral interventions that LEAs and/or regional centers provide to children with ASD. There are often differences between what LEAs and regional centers determine are the appropriate interventions. A major factor contributing to this variation is the lack of widely accepted best practice guidelines on effective interventions for ASD. There is also a lack of understanding among many service providers about how to implement effective interventions with individual children in generalized settings, such as school classrooms and other community-based settings. There is support for "inclusion" of children with ASD in general education classrooms but concern about potential negative impacts to children of poorly implemented inclusion strategies.

Training of educators and other service providers on effective interventions and how to implement them in the classroom and other community-based settings is identified as a significant gap. Observers report that the vast majority of general education and special education teachers, teacher aides, school psychologists, and other service providers who work with children with ASD are not trained with the appropriate competencies to deliver effective interventions for ASD. Current teacher training programs for pre-service training, in-service training, and on-going professional development do not include curriculum on ASD. Also, current professional credentialing requirements for teachers and certification and licensing requirements for other service providers do not require individuals to have specific training or demonstrated competencies regarding ASD. To be effective, training programs and professional competency requirements for teachers, teacher aides, and other service providers would be based on best practice guidelines for effective interventions.

Observers report that training programs need to help staff more effectively respond to children's safety needs and behavioral issues related to their social and communication skills. There are anecdotal reports that students with ASD are sometimes expelled from schools and programs due to behavioral problems and may be at risk of self-inflicted or other personal injury if not properly supervised.

Addressing issues that affect the quality of the workforce across both the education system and regional center system—issues like compensation, training, and career development—could benefit the overall populations served by both systems. The education system is challenged to recruit and retain qualified teachers and teacher aides to meet the needs of all students, including pupils with special needs. Likewise, the regional

center system is challenged to recruit and retain case managers, specialists, and other staff. In addition to school and regional center staff shortages, there are anecdotal reports of a shortage of qualified service providers, including speech and language specialists with which both systems can contract for services.

2. Inadequate funding and too little collaboration across service systems

LEAs and regional centers report having limited resources to fund the necessary services for children with ASD. Services can be very costly, depending on the child's needs. For illustration, staff will collect some information from LEAs and regional centers on the cost of services that are typically provided or requested by parents.

The legal responsibility for LEAs to fund interventions is based on federal and state education standards. The United States Supreme Court, in the *Rowley* decision, set the standard necessary to provide a FAPE to pupils with special needs as that necessary to provide some educational benefit, not maximum educational benefit. Based on this standard, LEAs may have different views on their responsibility to fund high-cost interventions. Some LEAs pay for some children to attend a special nonpublic school or be served by a nonpublic agency. The majority of children with ASD, however, attend public schools, are placed in either regular or special education classrooms, and may be assisted by teacher aides and other specialists. Some observers report that LEAs do not develop their own comprehensive programs for ASD due to the economic disincentive of attracting more students with ASD to the district. Others point out that some districts have built or are in the process of building comprehensive programs and that these programs are threatening to bankrupt the district's budget. LEAs report receiving inadequate funding to serve children with ASD, especially children under age five.

The legal responsibility for regional centers to fund interventions is established under the state's Lanterman Act, which requires the provision of services and supports based on an individual's needs and choices. Provision of services can vary significantly across regional centers, however, according to observers who indicate that families get different levels of service depending on which regional center they use. Regional centers report being challenged to provide necessary case management and other services due to state budget cuts in recent years, including provider rate freezes.

The extent to which LEAs and regional centers collaborate and communicate about the needs of individual children reportedly varies significantly statewide. Some LEAs and regional centers work together to

fund services through joint program planning. Reportedly there is little coordination between other LEAs and regional centers about children's needs. There are reports that the majority of educational and behavioral services offered by most LEAs are less intensive than those provided by most regional centers. In particular, there are anecdotal reports that some LEAs do not provide a behavioral intervention called applied behavioral analysis (ABA) to the extent provided by regional centers and that some regional centers provide services that are legally the responsibility of LEAs.

When parents are unable to obtain desired services through either or both the LEA and the regional center, parents may appeal these decisions through state administrative hearings and pursue litigation. There are anecdotal reports that many state administrative hearings for special education services are being resolved in favor of LEAs, while the outcome of many administrative hearings about regional center services is that regional centers must fund services that would otherwise be the responsibility of LEAs. Development and use of best practice guidelines for effective interventions may help reduce such disputes over the appropriateness of services and whose obligation it is to provide the services.

3. Disruption in services when children transition at age three from regional centers to LEAs and at transitions across preschool, elementary school, middle school, and high school

Regional centers are responsible for providing early intervention services through the Early Start program for children under age three with a developmental delay or disability. Early intervention services may include educational and behavioral interventions. LEAs become responsible for providing educational interventions and other related services when children reach age three, up to age 22, pursuant to federal and state special education laws. At that point, regional centers remain responsible to provide necessary services to eligible children and families pursuant to the Lanterman Act.

Observers report that many families are unaware of the services available from LEAs for children with ASD under age five. Others report problems occur when children age three transition from regional centers to LEAs. In many cases a child's transition at age three occurs shortly after a child has received a diagnosis of ASD, and services have just become stabilized through the regional center. There may be a gap in services between when a child's Early Start plan is no longer in effect and when the individualized education program (IEP) is developed. Also LEAs may not offer the same or comparable services or service providers as regional centers. Changing services and service providers can be very disruptive

for children and families. Such changes also occur as children progress through the school system and change schools.

4. Inadequate information for parents about effective services and tools to help children achieve their goals at school and home

Many parents express strong concerns that some LEAs do not provide parents with comprehensive, user-friendly information about the rights of children and families under special education laws. In particular, there are gaps in communication with non English speaking families. There are also reports that some LEAs do not consider the needs of the family when determining the educational needs of the child.

Parents report a need for information about services and tools they can use to help their children with ASD achieve goals at school and home, especially in the area of best practices for effective interventions.

5. Inadequate monitoring of school district and regional center compliance with legal requirements and of children's outcomes

There are anecdotal reports that some LEAs and regional centers are not in compliance with legal requirements for serving children with ASD. There are also views that the state's current accountability systems for LEAs and regional centers do not hold these entities accountable for achieving improvement in children's outcomes.

Most comments from observers focused on the lack of accountability for LEAs to provide effective educational interventions and to continuously evaluate the performance of teachers and other service providers based on the desired outcomes designated in a child's IEP. Current state standards for the academic achievement of all children may not be the best or only appropriate measure for evaluating progress of children with ASD.

The lack of best practice guidelines for effective interventions makes it difficult to hold LEAs and regional centers accountable for providing specific services; however, it does not eliminate the responsibility for these entities to monitor the effectiveness of the interventions that they provide for children. In fact, the absence of best practice guidelines makes it critical that LEAs and regional centers monitor children's outcomes to see whether delivered interventions are working.